

Members

Rep. Susan Crosby, Chairperson
Rep. Cindy Noe
Sen. Connie Lawson
Sen. Mark Blade
Bryan Lett



INDIANA COMMISSION ON MENTAL HEALTH

LSA Staff:

K.C. Norwalk, Attorney for the Commission
Kathy Norris, Fiscal Analyst for the Commission

Authority: P.L. 37-1998

Legislative Services Agency
200 West Washington Street, Suite 301
Indianapolis, Indiana 46204-2789
Tel: (317) 233-0696 Fax: (317) 232-2554

MEETING MINUTES¹

Meeting Date:	August 21, 2002
Meeting Time:	10:30 A.M.
Meeting Place:	State House, 200 W. Washington St., Room 233
Meeting City:	Indianapolis, Indiana
Meeting Number:	1

Members Present: Rep. Susan Crosby, Chairperson; Sen. Connie Lawson; Sen. Mark Blade; Bryan Lett.

Members Absent: Rep. Cindy Noe.

Chairperson Crosby called the first meeting of the Indiana Commission on Mental Health ("Commission") to order at 10:30 AM and asked the members of the Commission to introduce themselves.

The Chairperson stated that the Governor still had appointments to make to the Commission and then asked K.C. Norwalk, attorney for the Commission, to read the charges the Commission is directed to study.

TESTIMONY REGARDING THE DEPARTMENT OF CORRECTION'S USE OF FORMULARY PSYCHIATRIC DRUGS

Joel Lytle, Staff Attorney for the Indiana Department of Correction

Mr. Lytle explained that Robert Ohlemiller could not attend the Commission meeting, but

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Dr. Glasson was present to explain the Department of Correction's use of formulary psychiatric drugs.

Dr. Anita Glasson, MD, Regional Director of Psychiatric Services for Prison Health Services, Inc.

Dr. Glasson first stated that she is employed by Prison Health Services ("PHS"), which administers healthcare for the Indiana Department of Correction ("DOC"). Regarding mental health programs, PHS provides group and individual therapy, mental evaluations and referrals. Dr. Glasson's duties as the Regional Director of Psychiatric Services for PHS include overseeing the psychiatrists and psychologists that PHS employs at DOC facilities, and she reviews requests for non-formulary drugs.

Dr. Glasson next explained that patients in DOC are seen on an outpatient model: psychologists determine a patient's diagnosis, refer the patient to a psychiatrist or group or individual therapy, and prescribe medications that are based on a formulary to patients, if necessary. Drugs in the formulary were chosen for their effectiveness and cost. Drugs in the formulary include the traditional psychiatric drugs (including antipsychotics), antidepressants (including Prozac), mood stabilizers (including lithium), and anxiety treatment. Drugs not included in the formulary include Valium, Xanax and other very addictive medications.

Dr. Glasson then reviewed the procedures that PHS physicians use to prescribe a non-formulary medication. First, the physician will fill out a "non-formulary request form" naming the medication that they would like to prescribe, stating the dose of the medication and the reason for going off the formulary. Dr. Glasson then reviews the form, determines if there are alternatives to the medication the physician is requesting to prescribe and approves or denies the non-formulary request. If the request is denied, a copy of the denial goes to Dr. Dean Rieger, the medical director at DOC. Dr. Glasson also provided statistics regarding non-formulary drug requests. From January 2002 through April 2002, there were 452 requests to prescribe non-formulary drugs. Of those requests, 430 were approved and less than 5% were denied. Non-formulary drugs that were denied were sometimes approved after the requesting physician provided additional information.

In response to Chairperson Crosby's question, Dr. Glasson explained that referrals for mental healthcare exist and patients may file a request for healthcare if they would like mental health services. Chairperson Crosby also asked what was the length of time that it took Dr. Glasson to approve the use of non-formulary drugs and Dr. Glasson explained that if the "non-formulary request form" was checked "urgent," she would review the request within 24 hours, but if the request was marked "non-urgent," she would review the request within 5 days. In response to Sen. Lawson's question, Dr. Glasson explained that she considers the prior mental health drugs that a patient has taken and that prior medications are reviewed by a doctor when the patient is admitted to DOC. If a patient was on a non-formulary drug when entering DOC, the patient would be kept on that drug if they had previously unsuccessfully tried formulary drugs. Dr. Glasson also stated that patients do not go through a medication-free trial upon entering DOC. In response to Mr. Lett's question regarding compliance, Dr. Glasson explained that all psychiatric medications are dispensed by a nurse, a nurse watches the patient take their drugs, and the nurse records that a patient took their medication. If a patient refuses to take their medication, the nurse will notify the doctor. Mr. Lett then asked Dr. Glasson if the formulary includes generic drugs and Dr. Glasson answered that the older traditional medications are in generic form. In response to Sen. Blade's question regarding the DOC's budget for psychiatric medication, Dr. Glasson responded that she did not know the exact budget off the top of her head, but DOC was over-budget for medications.

Dr. Steve Nelson, President of the Indiana Psychiatric Society

Dr. Nelson began his presentation by stating that Dr. Steve Dunlop, the legislative director of the Indiana Psychiatric Society could not attend the Commission meeting due to his work schedule. Dr. Nelson then stated that generally people in prison are mentally ill, they deserve the best care possible, and that individual psychiatrists are in the best position to see individuals, assess their mental health needs, and diagnose any problems. Dr. Nelson also stated that psychiatrists cannot give the best psychiatric help if they are required to use a formulary for mental health drugs, that the administrative review of non-formulary drugs by DOC can be ineffective, and may result in a diagnosis by an administrator without seeing a patient, and that it is important to look at the cost of medications because DOC is making decisions based on the cost of drugs. Dr. Nelson also said that violence is a crucial issue with inmates and is a complicated concept involving neurological issues and thought history, which requires a psychiatrist who cares about an individual patient.

In response to Sen. Blade's question, Dr. Nelson explained that Dr. Glasson did not know the costs of medications although she was making decision based on these costs. Sen. Lawson then asked what would happen to a Medicaid patient who needs mental health drugs and Dr. Nelson responded that he would simply write a prescription and that he believed the patient would then be able to get the prescribed drug. Sen. Lawson then asked Dr. Nelson if there was a list of preferred drugs for Medicaid patients and Dr. Nelson said that he was not aware of a list.

Steve McCaffrey, President of the Mental Health Association in Indiana

Mr. McCaffrey began his discussion by stating there are numerous mentally ill inmates that should not receive different treatment than a Medicaid patient would receive and that all mental health drugs need to be made available to inmates. Mr. McCaffrey also stated that mental health drugs can affect an inmate's behavior and length of stay with the DOC.

TESTIMONY REGARDING THE DOWNSIZING OF FSSA FACILITIES

Representative Markt Lytle

Rep. Lytle began his discussion by stating that there are two FSSA facilities in his district that are being downsized or have been threatened with closure, Madison State Hospital and the Muscatatuck State Developmental Center. Rep. Lytle stated he has three concerns with both facilities:

- (1) the residents and families;
- (2) the employees (that they are involved in decision making and assisted with finding new jobs); and
- (3) the use of the facilities.

Rep. Lytle made the following points:

- There should have been a concrete plan to deal with concerns from the beginning and it has been very frustrating for the patients, families, employees and counties to not know the manner in which the facilities would be closed or downsized.
- The employees and families of patients generally distrust the state because the plans for downsizing or closing the facilities keep changing.
- Employees at Madison have been frustrated because they were told they would receive money for retraining and then a week later they were told they did not qualify for the money.

- Communication between the different state agencies regarding these facilities has been very poor.
- The State Office Building Commission is determining how to re-use the buildings at Madison and they have had a difficult time getting approval to rehabilitate some of the historic buildings on the Madison campus.
- The state could help employees more by offering a better severance package, including more money and extended insurance coverage.

Jim Hurst, Associate Director of the Indiana Council of Community Mental Health Centers

Mr. Hurst explained that the Council is concerned that language in the budget bill is shifting focus away from the community mental health centers ("CMHC") to the state hospitals. Mr. Hurst also expressed frustration that the CMHC's have received their contracts but have not received the amount of money stipulated in the contracts.

In response to Chairperson Crosby's question regarding whether CMHCs are involved in the decision making process for downsizing Madison, Mr. Hurst responded that the CMHCs have been involved, but not from the beginning and are only being pulled in after the fact. Sen. Lawson asked Mr. Hurst if when a facility closes, is it fair on the State's part to expect the CMHCs to take residents in without transition funds. Mr. Hurst responded that it was not fair to expect this of CMHCs. Sen. Lawson also asked Mr. Hurst if he was familiar with the training of employees at the state hospitals to move into CMHCs, and Mr. Hurst responded that it takes time and money to train any employee to work in a CMHC.

Steve McCaffrey, President of the Mental Health Association in Indiana

Mr. McCaffrey said that he was on the State Operated Facilities Council, which had developed a planned approach to the downsizing and closing of state facilities and had developed regions with service centers. Mr. McCaffrey explained that when the budget crisis started, decisions were made quickly and resources were not getting where they needed to be. Mr. McCaffrey suggested that the State Operated Facilities Council needed to go back to the planning process.

AUDIENCE STATEMENTS

Pam McConey, Executive Director of NAMI Indiana (National Alliance for the Mentally Ill)

Ms. McConey stated that NAMI receives letters from inmates regarding the doctors in the DOC and that doctors refuse to do the paper work for non-formulary drugs.

Mike Kempf, Public Policy Committee Member of NAMI Indiana

Mr. Kempf stated that he knew of DOC doctors who were displeased that their requests for non-formulary drugs were being denied. Mr. Kempf also stated that the process of reviewing non-formulary drug requests was not justified because only 5% of requests were denied.

Joe Venable, NAMI Indiana

Mr. Venable stated that he was aware of 2 psychiatrists who were fired from PHS for making too many requests for non-formulary drugs.

Lou Belch, KWK Management Group

Mr. Belch stated that he was concerned about the proposed discontinuation of reimbursement crossover claims for the dually eligible population (a person eligible for both Medicare and Medicaid). Currently, Medicaid pays a percentage of a dually eligible person's out of pocket expenses for mental healthcare services. If Medicaid stops these payments, psychiatrists and psychologists may stop seeing dually eligible patients. Mental health professionals and Medicaid are trying to resolve this issue.

COMMISSION BUSINESS**Future Meetings**

Chairperson Crosby announced that additional meetings of the Commission would take place on September 19, 2002, and October 17, 2002.

Adjournment

Chairperson Crosby adjourned the meeting at 12:30 P.M.